# COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES



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# SAN DIEGO COUNTY TRAUMA SYSTEM REPORT

2017





# COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES

# **2017 TRAUMA SYSTEM REPORT**

### San Diego County Facts

Population - 3,319,192 Square Miles - Over 4,200

#### **Adult Trauma Centers**

- Scripps Mercy Hospital
- Palomar Medical Center
- Scripps Memorial Hospital
- Sharp Memorial Hospital
- UCSD Medical Center

#### **Pediatric Trauma Center**

· Rady Children's Hospital



Inside This Report				
Introduction and Live Well San Diego	3			
Trauma System Overview - Patient Volume	4 - 9			
Trauma System Overview - Mortality Rates	10 - 12			
Detailed Injury Mechanism Figures	13 - 17			
Injury Type and Injury Severity Score by Trauma Center	18			
Directory	19			





### **Introduction and Live Well San Diego**

#### Introduction

In October 1983, with support and direction from the San Diego County Board of Supervisors, the Department of Health Services created an Ad Hoc Trauma Advisory Task Force to assist in the review and evaluation of the Hospital Council – Medical Society Trauma Plan. The advisory group of outside trauma experts conducted public hearings and informal sessions with hospital and prehospital trauma providers, and synthesized the experiences of other trauma systems into a single set of recommendations for the Department and the Board of Supervisors to consider. The recommendations urged the County to adopt trauma standards that closely approximated the American College of Surgeons' guidelines. The community consensus that emerged from their effort resulted in the formal adoption of their recommendations by the County Board of Supervisors in November 1983.

Once the trauma standards were adopted, the Department implemented a competitive selection process, seeking to designate five adult trauma centers and one pediatric trauma center. Designation criteria were incorporated in a Request for Proposal and the Ad Hoc Trauma Advisory Task Force became the Proposal Review Committee to evaluate and recommend hospitals for designation. Six facilities were awarded provisional designation status based on the quality of trauma services provided.

On August 1, 1984, after 16 months of direct preparation, major trauma victims in San Diego County began bypassing community hospitals in favor of designated trauma centers.

The purpose of this annual report is to describe the San Diego County Trauma System with regards to various aspects of data, including patient volume, patient demographics, mechanisms of injury, and patient outcomes.

### Live Well San Diego and Trauma

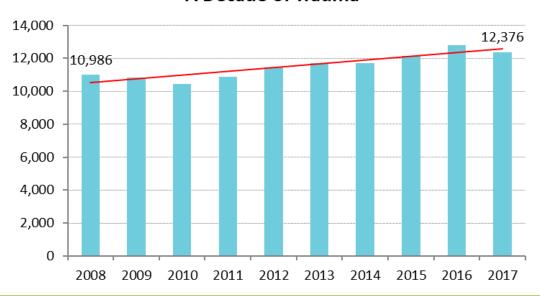
Live Well San Diego is a regional vision adopted by the San Diego County Board of Supervisors in 2010 that aligns the efforts of County government, community partners and individuals to help all San Diego County residents be healthy, safe, and thriving. The vision includes three components. Building Better Health, adopted on July 13, 2010, focuses on improving the health of residents and supporting healthy choices; Living Safely, adopted on October 9, 2012, focuses on protecting residents from crime and abuse, making neighborhoods safe, and supporting resilient communities; and, Thriving, adopted on October 21, 2014, focuses on cultivating opportunities for all people to grow, connect and enjoy the highest quality of life.

Healthcare and services organizations are working together to improve access and quality of care for local residents. Healthcare providers are implementing innovative strategies to reduce hospital readmissions for our most vulnerable populations and integrating behavioral health services into primary care to improve patient outcomes and reduce the stigma of mental illness. They are also adopting workplace wellness practices to achieve a healthy bottom line for our region. Services organizations are working with the County to implement nutrition education programs for low income families and to help families navigate through complex systems to gain access to needed services.

This San Diego County Trauma System Report contributes to the Live Well San Diego vision by reporting the incidence of traumatic injuries with the goal of injury and violence prevention in support of a healthy, safe and thriving region.

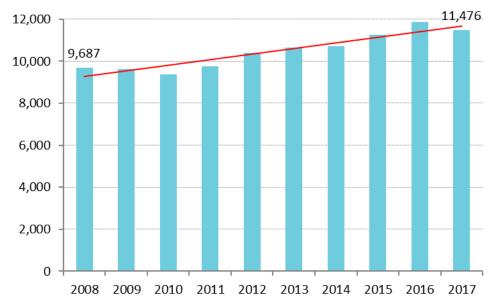
# Trauma System Overview Patient Volume

#### A Decade of Trauma

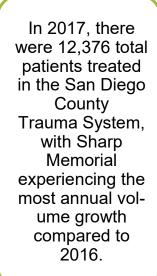


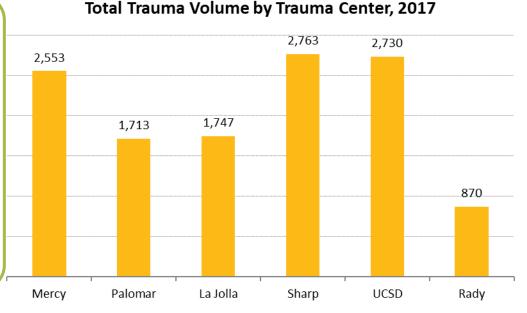
Over the last decade the San Diego County Trauma System has witnessed a 12.7% increase in total trauma volume and an 18.5% increase in trauma volume at the adult trauma centers. Over that same time period, the County of San Diego has experienced a 9.3% increase in population.

### Trauma Volume, Adult Trauma Centers



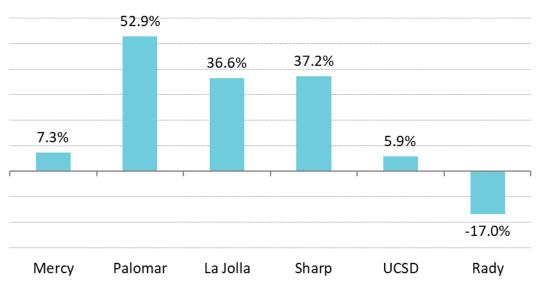
# Trauma System Overview Patient Volume





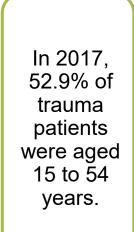
All adult trauma centers experienced a seven-year increase in total volume, with Palomar having the largest increase. However, Rady Children's experienced an 17% decrease in trauma volume over the last seven years.

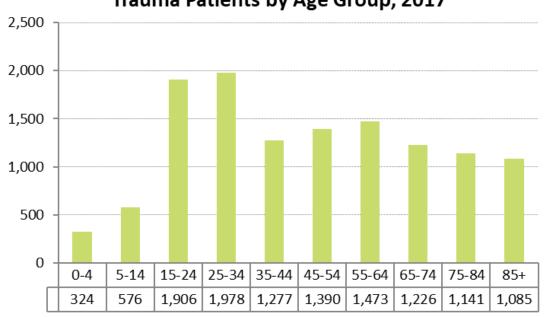
### Seven Year Change in Trauma Volume, 2010-2017



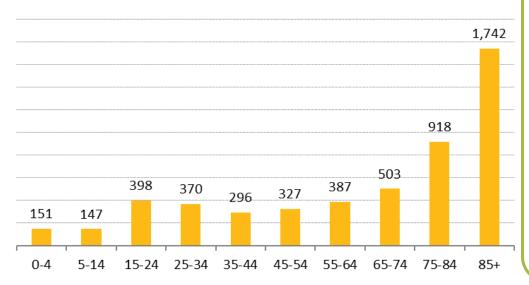
# Trauma System Overview Patient Volume—Age Groups

### Trauma Patients by Age Group, 2017





### Trauma Patient Rate\* by Age Group

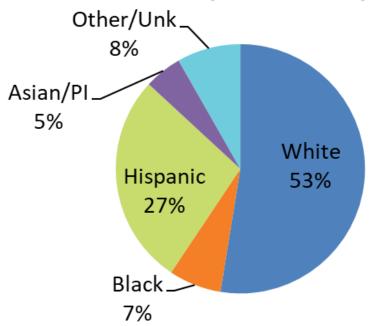


Although the majority of injuries occur in younger age groups, those 85 years and older are at a much higher risk of traumatic injury compared to other age groups.

\*Rate per 100,000 people.

# Trauma System Overview Patient Volume—Race/Ethnicity

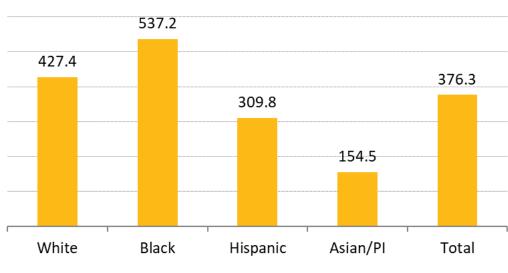
# Trauma Patients by Race/Ethnicity Percent



In 2017, 53% of trauma patients were white, with Hispanics (27%) making up the next largest race/ ethnicity.

In 2017, Asians/Pacific Islanders had the lowest rate of traumatic injury at about 155 injuries per 100,000 people.

### Trauma Patients by Race/Ethnicity Rate\*



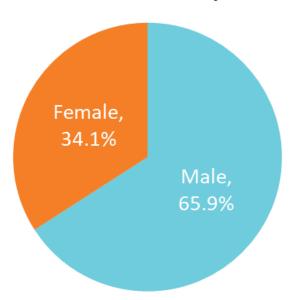
Blacks are at higher risk of traumatic injury compared to other race/ ethnicities, with about 537 injuries occurring for every 100,000 people.

\*Rate per 100,000 people.

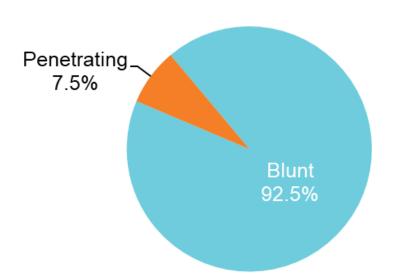
# Trauma System Overview Patient Volume—Gender and Injury Type

### Percent of Trauma Patients by Gender, 2017

In 2017, male trauma patients outnumbered females by about two to one. This has been a consistent trend for many years.



# Percent of Trauma Patients by Injury Type

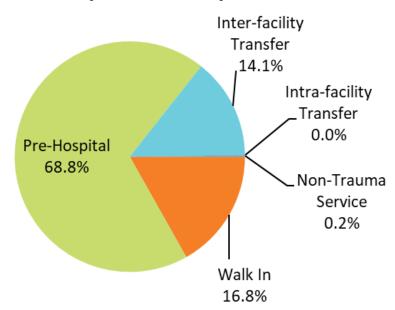


Similar to previous years, patients with blunt injuries outnumbered those with penetrating injuries by more than ten to one.

# Trauma System Overview Patient Volume—System Access and Discharge Month

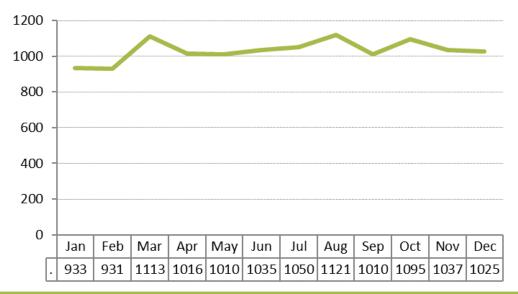
### **Trauma Patients by Method of System Access**

In 2017, there
were 8,518
patients delivered directly to trauma centers by pre-hospital,
2,083 walk-ins, and
1,748 inter-facility
transfers. This distribution of trauma patients is shifting away from prehospital with walk-ins increasing.



In 2017, the San Diego County Trauma System did not experience the usual surge in patient volume during the summer months, as seen in many previous years.

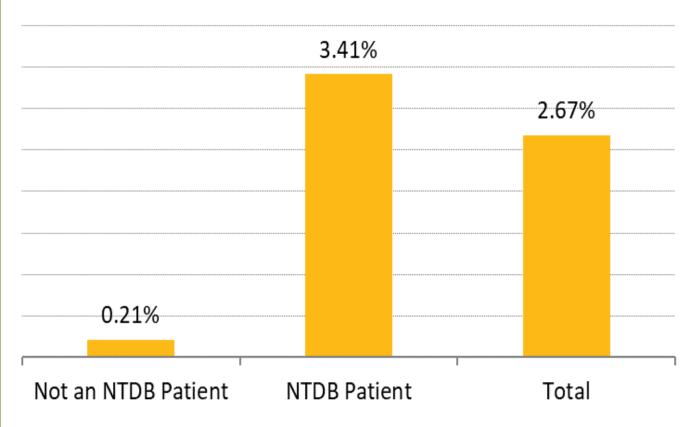
### Trauma Patients by Discharge Month, 2017



### Trauma System Overview Mortality Rates

In 2017, the overall mortality rate of the San Diego County Trauma System was 2.67%. For those patients who qualified for the National Trauma Data Bank, the mortality rate was 3.41%.

# 2017 Trauma Patient Mortality Rates



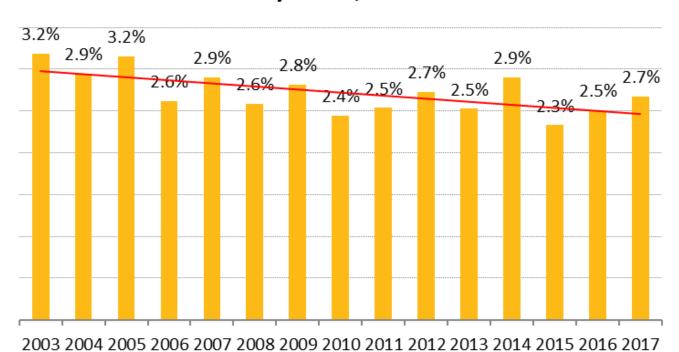
NTDB: National Trauma Data Bank. Some patients treated at San Diego County Trauma Centers do not meet criteria for NTDB inclusion.

Note: Mortality rates are calculated using traumatic deaths that were treated at trauma centers. For a more complete report on traumatic deaths in San Diego County, including those dead on scene, please refer to the San Diego County Medical Examiner Annual Report available at: www.sandiegocounty.gov/me/.

# Trauma System Overview Mortality Rate Trends

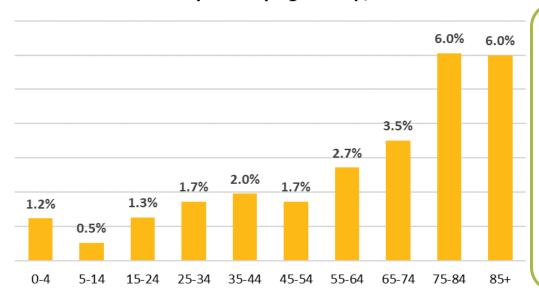
Mortality rate trends have steadily decreased as the San Diego County Trauma System has matured. However, the 2017 mortality rate was higher than the two previous years.

# Mortality Rates, 2003 - 2017



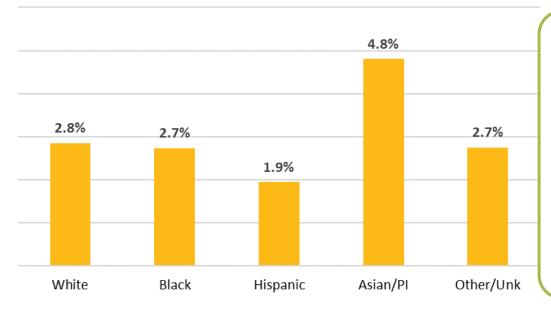
### **Mortality Rates and Demographics**

### Mortality Rate by Age Group, 2017



Age is an important factor associated with survival in almost all causes of death. This is demonstrated fully in trauma as we see increased mortality rates as patient age increases.

### Mortality Rate by Race/Ethnicity



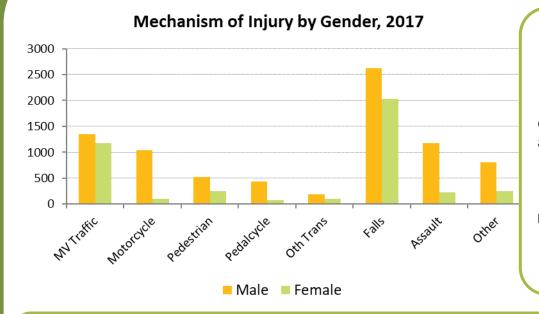
While Asian/
Pacific Islanders
had the lowest
incidence of
traumatic injury
in 2017, they
actually had the
highest mortality
rate. Hispanics
had the lowest
mortality rate.

### **Mechanism of Injury—Age Groups**

Top Five Trauma Mechanisms by Age Group						
Age	1	2	3	4	5	
0 - 4	Falls	MV Traffic	Pedestrian	Assault	Oth Trans	
	186	63	23	15	3	
5 - 14	Falls	MV Traffic	Pedestrian	Pedalcycle	Motorcycle	
	150	120	98	53	41	
15 - 24	MV Traffic	Assault	Motorcycle	Falls	Pedestrian	
	610	356	259	201	151	
25 - 34	MV Traffic	Assault	Motorcycle	Falls	Pedestrian	
	532	410	358	249	121	
35 - 44	MV Traffic	Falls	Assault	Motorcycle	Pedestrian	
	295	265	233	157	78	
45 - 54	Falls	MV Traffic	Assault	Motorcycle	Pedestrian	
	379	286	188	147	93	
55 - 64	Falls	MV Traffic	Assault	Motorcycle	Pedalcycle	
	597	247	131	123	105	
65 - 74	Falls	MV Traffic	Pedestrian	Pedalcycle	Motorcycle	
	735	192	69	58	45	
75 - 84	Falls	MV Traffic	Pedestrian	Oth Trans	Oth Trans	
	919	118	37	11	9	
85+	Falls	MV Traffic	Pedestrian	Assault	Pedalcycle	
	974	67	13	6	1	
Total	Falls	MV Traffic	Assault	Motorcycle	Pedestrian	
	4655	2530	1401	1137	775	

In 2017, falls accounted for 37.6% of all causes of injury in the San Diego County Trauma System. Additionally, falls are the number one cause of injury in each age group, other than those aged 15 to 44 years.

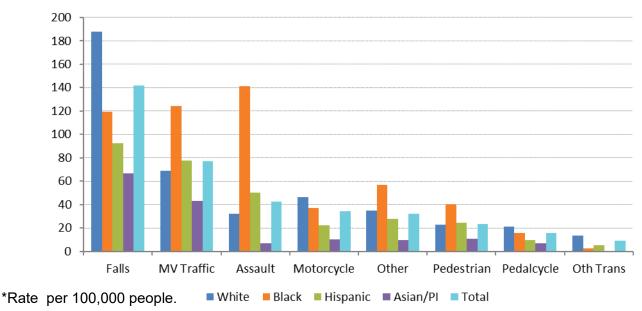
### **Mechanism of Injury—Gender and Race/Ethnicity**



Other than motor vehicle traffic injuries, males substantially exceeded females in all other causes of injury. The largest differences occurred in motorcycle, pedalcycle, and assault injuries.

While whites had the highest risk of fall-related injuries, motorcycle injuries, and pedalcycle injuries, blacks had the highest rate for motor vehicle injuries, assault injuries, and pedestrian injuries. Asians and Pacific Islanders had a very low rate of fall-related injuries and other mechanisms in general.

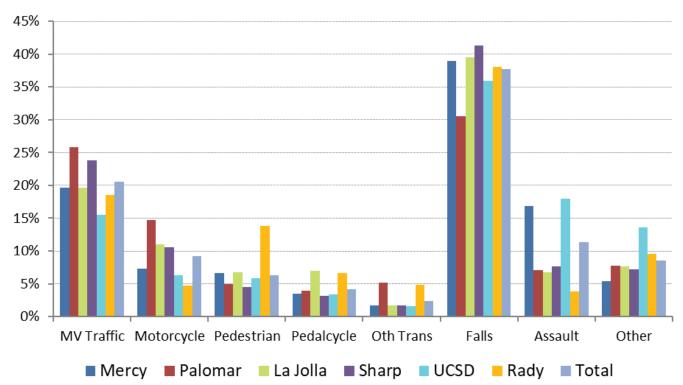
### Mechanism of Injury Rate\* by Race/Ethnicity, 2017



### **Mechanism of Injury—Trauma Centers**

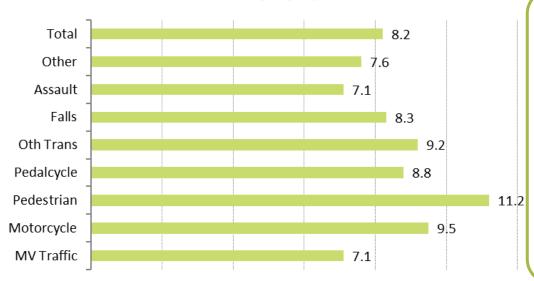
In 2017, 26% of Palomar Medical Center's traumatic injuries were from motor vehicle injuries and 15% were from motorcycle injuries, which were higher than other trauma centers. At 14%, Rady Children's experienced a higher percent of pedestrian injuries than other centers, and Scripps La Jolla had the highest percent of pedalcycle injuries. UCSD and Scripps Mercy had the highest percent of assault injuries. For each trauma center, fall-related injuries represented the highest percent of patients.

### Percent of Injuries by Trauma Center and Mechanism, 2017



### **Mechanism of Injury—Injury Severity and Length of Stay**

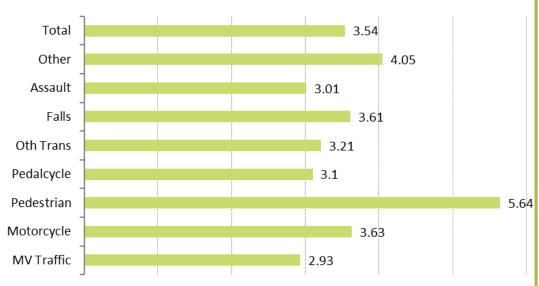
### Mechanism of Injury by Mean ISS\*



Pedestrian injuries were the most severe, while motor vehicle traffic and assault injuries were among the least severe mechanisms of injury. The total average injury severity score was 8.2.

\*ISS: Injury Severity Score.

# Mechanism of Injury by Mean Length of Stay in Days

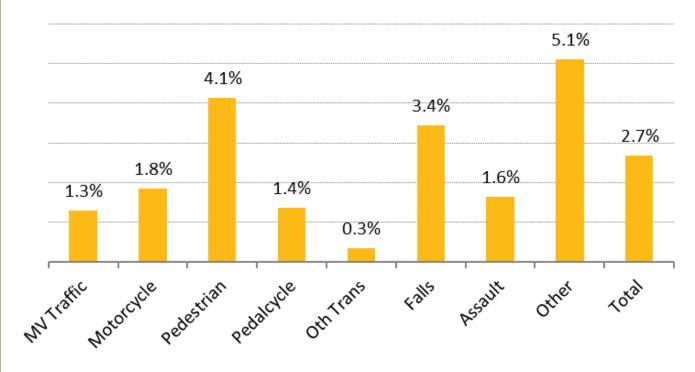


Being the most severe, pedestrian injuries also led to the longest lengths of stay. The shortest lengths of stay were from motor vehicle traffic, pedalcycle and assault injuries. The overall mean length of stay was 3.54 days.

### **Mechanism of Injury—Mortality Rates**

In 2017, mortality rates differed greatly by mechanism of injury. About 5.1% of pedestrian injury patients who made it to a trauma center did not survive their injuries. Conversely, only one in 75 motor vehicle traffic injury patients died. About one in 29 fall-related injury patients died. This is an important number to track as fall-related injuries continue to increase in San Diego County. The fall-related mortality rate was 2.6% in 2015 and 2.7% in 2016.

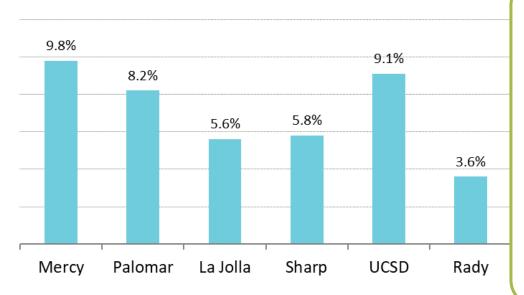
# Mortality Rate by Mechanism of Injury, 2017



Note: Mortality rates are calculated using traumatic deaths that were treated at trauma centers. For a more complete report on traumatic deaths in San Diego County, including those dead on scene, please refer to the San Diego County Medical Examiner Annual Report available at: www.sandiegocounty.gov/me/.

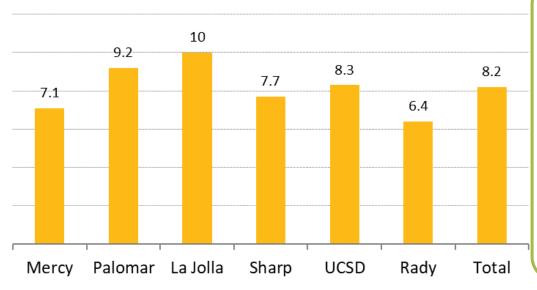
### **Injury Type and ISS by Trauma Center**

### Percent Penetrating by Trauma Center, 2017



Mercy, Palomar, and UCSD had the highest percent of penetrating injuries. Of the adult centers, Scripps La Jolla and Sharp had the lowest percent of penetrating injuries, while Rady Children's had the lowest overall.

### Mean ISS\* by Trauma Center, 2017



Among the adult trauma centers, Palomar and Scripps La Jolla had the highest mean ISS with Scripps Mercy and Sharp having the lowest. Rady Children's had the lowest overall mean ISS.

\*ISS: Injury Severity Score.

# **Directory**

County of San Diego, Emergency Medical Services 6255 Mission Gorge Road, San Diego, CA. 92120 - (619) 285-6429

#### RADY CHILDREN'S HOSPITAL SAN DIEGO

3020 Childrens Way, San Diego, CA 92123 - (858) 576-1700

#### SCRIPPS MERCY HOSPITAL

4077 Fifth Avenue, San Diego, CA 92103 - (619) 294-8111

#### PALOMAR MEDICAL CENTER

2185 Citracado Parkway, CA 92029 - (442) 281-5000

### SCRIPPS MEMORIAL HOSPITAL, LA JOLLA

9888 Genesee Avenue, La Jolla, CA 92037 - (858) 457-4123

#### SHARP MEMORIAL HOSPITAL

7901 Frost Street, San Diego, CA 92123 - (858) 541-3400

#### UNIVERSITY OF CALIFORNIA, SAN DIEGO MEDICAL CENTER

200 West Arbor Drive, San Diego, CA 92103 - (619) 543-6222